

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2697</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Douglas</u> <u>V</u> <u>Wilcox</u> P.O. Box, Bldg., Room No., if any <u>PO Box 2573</u> Street <u>1216 Kendale Blvd</u> City <u>East Lansing</u> State <u>Michigan</u> ZIP Code + 4 <u>48826-2573</u>	4. Name, file number, and address of labor organization. Name <u>Michigan Education Association</u> Labor Organization File Number <u>512-840</u> P.O. Box, Building and Room Number, if any <u>PO Box 2573</u> Street <u>1216 Kendale Blvd</u> City <u>East Lansing</u> State <u>Michigan</u> ZIP Code + 4 <u>48826-2573</u>
5. Position in labor organization. <u>Staff Attorney</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>7/2/05</u> Date	<u>(517) 382-6551</u> Telephone Number

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



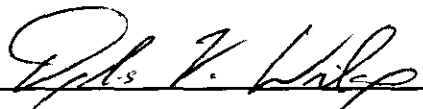
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2697	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Douglas V Wilcox P.O. Box, Bldg., Room No., if any PO Box 2573 Street 1216 Kendale Blvd City East Lansing State Michigan ZIP Code + 4 48826-2573	4. Name, file number, and address of labor organization. Name Michigan Education Association Labor Organization File Number 512-840 P.O. Box, Building and Room Number, if any PO Box 2573 Street 1216 Kendale Blvd City East Lansing State Michigan ZIP Code + 4 48826-2573
5. Position in labor organization. Staff Attorney	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 7/2/05 Date	(SA) 352-6551 Telephone Number

Name of Person Filing Douglas Wilcox

File Number U-2697

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name White, Schneider, Young & Chiodini, PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2300 Jolly Oak Road

City Okemos

State Michigan ZIP Code + 4 48865

14.a. Nature of payment.

1/9/04 MSU Hockey Game with T. Dlugos \$50
6/2/04 Dinner with M. Shoudy in San Diego \$100
6/3/04 Dinner with M. Shoudy in San Diego \$30
6/4/04 Dinner with M. Shoudy in San Diego \$100
9/18/04 MSU Football Game with M. Shoudy \$120

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$400

Name of Person Filing Douglas Wilcox

File Number U-2697

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name White, Schneider, Young & Chiodini, PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2300 Jolly Oak Road

City Okemos

State Michigan ZIP Code + 4 48865

14.a. Nature of payment.

11/6/04 Wharton Center with Jim White \$100

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Zausmer, Kaufman, August & Caldwell, PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 31700 Middlebelt Road, Ste 150

City Farmington Hills

State Michigan ZIP Code + 4 48334

14.a. Nature of payment.

6/3/04 Dinner with firm in San Diego \$30

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Law Offices of Lee & Clark

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 24901 Northwestern Highway, Ste 113

City Southfield

State Michigan ZIP Code + 4 48075

14.a. Nature of payment.

6/3/04 Dinner with firm in San Diego \$30

12/16/04 Holiday dinner with firm \$100

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$130

Name of Person Filing Douglas Wilcox

File Number U-

2697

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name The Firestone Law Firm, PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30555 Southfield Road, Suite 530

City Southfield

State Michigan

ZIP Code + 4 48076

14.a. Nature of payment.

6/3/04 Dinner with firm in San Diego \$30.00

12/13/04 Holiday lunch with firm \$30.00

13.b. Is the Business an Employer ☐or Consultant ☒

?

14.b. Amount of payment.

\$60

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.